

NEVADA MEDICAL PROFESSIONAL LIABILITY CLOSED CLAIM REPORT

NRS 690.045 requires insurers which provide liability insurance for a "practitioner" licensed pursuant to chapters 630 to 640 of NRS to file with the appropriate licensing board a report detailing the circumstances of the malpractice. The report to the licensing board is required only when the claim's settlement, award, or judgment is \$5,000 or more.

Additionally, NRS 690B.050 requires a report to the Division of Insurance (Division) where the insured is a doctor of medicine licensed pursuant to chapter 630 of NRS. The report is required if a liability policy covering acts of professional malpractice exists, and if a settlement or award is made, or if a judgment is rendered.

It should be noted that there is **no minimum settlement** amount threshold under NRS 690B.050. All claims must be reported within 30 days of the close of the claim, whether or not any payment was made to the claimant.

MEDICAL MALPRACTICE CLOSED CLAIMS REPORT

The Division has revised the closed claim reporting form in order to collect and maintain the information required pursuant to NRS 679B.144. The new form is the NEVADA MEDICAL PROFESSIONAL LIABILITY CLOSED CLAIM REPORT, revised November 1, 1998, and is effective for claims closed on and after November 15, 1998.

For any questions concerning this report, please contact the property/casualty section of the Division at (702) 687-7682.

BULLETINS 86-002 and 95-001 are withdrawn.

ALICE A. MOLASKY-ARMAN
Commissioner of Insurance

Nevada Medical Professional Liability Closed Claim Report

I. Background

1. Name of Insurer _____ 2. Claim Number _____
3. Injury Date _____ 4. Report Date _____ 5. Closure Date _____
6. Policy Type a. Occurrence b. Claims Made c. Tail/Reporting Endorsement
7. Policy Limits (Per Event/Annual Aggregate, e.g., \$1m/\$3m) \$_____/ \$_____

II. Defendant & Co-Defendants

1. Defendant's Name _____
2. Co-Defendant(s) ? Yes No Unknown
3. Number of Co-Defendant(s) _____ Or Unknown
4. Name & Claim Number of Each Co-Defendant, if Known: _____

III. Injured & Injury

1. Injured's Name _____ 2. Sex M F
3. Malpractice Code per Appendix 1 _____ 4. Injury Code per Appendix 2 _____
5. Description of Alleged Malpractice and Injuries : _____

IV. Medical Dental Screening Panel (Panel)

1. Case Filed with Panel ? Yes No Unknown If "Yes", Answer Questions 2-3:
2. Panel Case Number _____
3. Panel Decision: Is there Reasonable Probability of Malpractice?
a. Yes b. No c. Unable to Decide d. Case Dismissed
e. Other (e.g., case sttled/withdrawn before panel met)
4. Court Case Filed after Panel Decision Yes No Unknown

V. Reserves & ALAE (Amounts Attributed to This Defendant Only, if Multiple Defendants)

1. Reserves a. Initial \$_____ b. Highest \$_____ c. Last \$_____
2. Allocated Loss Adjustment Expenses
a. Total \$_____ = b. Attorneys' Fees \$_____ + c. Other \$_____

VI. Claim Disposition & Payments (Amounts Attributed to This Defendant Only, if Multiple Defendants)

1. Claim Disposition a. Decided by Trial b. Settled, without Court, or prior to Trial
c. Closed Otherwise (e.g., cov. denied, claim inactive or withdrawn, co-defendant responsible)
2. Verdict/Settlement Amount Present Value \$_____ or N/A
3. Payment Sources for Amount in Question 2
a. Company \$_____ b. Defendant (e.g., Deductible) \$_____
c. Other Source \$_____ (Describe _____)
4. Number of Claimants _____
5. Distribution of Amount in Question 2 to Each Claimant, if Known (e.g., \$30,000 to John Doe) :

Contact Person and Telephone Number

Name of Person Responsible for Report

Address

Signature of Person Responsible for Report

Appendix 1

Cause of Loss Codes for Question III.3

Code	Description
<u>Procedure Related Causes</u>	
MP	Mistake in Performance, Improperly Performed
DP	Delayed
NP	Not Performed
WP	Wrong Procedure, Procedure Not Indicated
BP	Better Alternative Available
OP	Other Procedural Errors, <u>Including Misprescription of Medication</u>
<u>Diagnosis Related Causes</u>	
FD	Failure to Diagnose (concluding that patient has no disease or condition worthy of follow-up or observation)
DD	Delayed in Diagnosis
WD	Wrong Diagnosis (original diagnosis is incorrect)
OD	Other Diagnostic Errors
<u>Other Causes</u>	
IO	Failure to Inform, Lack of Informed Consent
SO	Lack of Supervision
PO	Failure to Prevent Harm
OO	Other Cause(s) not Listed above

Appendix 2

Injury Codes for Question III.4 (if multiple injuries, select code most applicable to the primary injury)

Code	Description
<u>Death</u>	
Dth	Death (e.g., fetal death, death of patient)
<u>Non-Physical/Emotional Injury</u>	
NPh	Non-Physical (e.g., abandonment, breach of contract, deposition, emotional distress, defamation, negligent referral, subrogation, loss of consortium, sexual misconduct)
<u>Physical Injury without Death</u>	
BnD	Bone Damage (e.g., fractures)
Bth	Birth Injury (e.g., complications, brain damage to new born, abortion problems)
Crc	Circulatory Injury (e.g., heart failure, hemorrhage)
Dis	Disease (e.g., AIDS, cancer)
DLE	Diminished Life Expectancy (e.g., usually from a failure to diagnose)
Dsf	Disfigurement (e.g., scars)
Drm	Dermal Injury (e.g., burns)
Dnt	Dental Injury (e.g., broken tooth)
DLU	Diminished Use/Loss of Use (e.g., disablement of a limb, but <u>not</u> loss of the limb)
FnB	Foreign Body (e.g., left after surgery)
Inf	Infection (e.g., usually resulting from surgery)
LLO	Loss of Limb/Organ (e.g., amputation, removal)
MLI	Muscular/Limb Injury (e.g., atrophy)
Nrv	Nervous System (e.g., paralysis, nerve damage)
Org	Organ Injury (e.g., perforation, rupture)
Opt	Optical/Sensory Injury (e.g., vision, hearing)
Pan	Pain
Prl	Prolonged (e.g., additional care, delayed recovery)
Rpr	Reproductive System (e.g., infertility)
SdE	Side Effects (e.g., reactions)
Wrg	Wrong Organ Removed, Injury Caused by Unnecessary Treatment
<u>Note:</u> If "Other Injury", select one of the above codes that has the closest match.	

f:\staff\King\Nev Med Prof Liab Closed Claim Rpt 1198.doc

Revised: 11/1/98